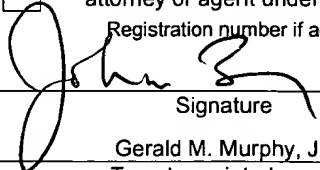


|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>0020-4710P    |                         |
| Application Number<br>09/578,693-Conf. #9841  |   | Filed<br>May 26, 2000                     |                         |
| For <b>METHOD FOR EXAMINING HUMAN KIDNEY DISEASES BY DETECTING THE FATTY ACID BINDING PROTEIN</b>   |   |   |                         |
| Art Unit<br>1641  |   | Examiner<br>L. V. Cook                    |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120                                     | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450                                     | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020                                    | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590                                    | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160                                    | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>28,977</u>  |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |   |                         |
| <br>Signature  |   | <u>November 13, 2006</u><br>Date          |                         |
| <u>Gerald M. Murphy, Jr.</u><br>Typed or printed name   |   | <u>(703) 205-8000</u><br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |   |                         |

\* One month previously paid with amendment filed on October 4, 2006.

11/14/2006 JADD01 00000014 09578693

02 FC:1252

330.00 OP